



Oldham Health and Wellbeing Strategy

2022 – 2030

Final – for approval

Date: January 2022

1. Background

Occupying a unique setting only five miles from Manchester City Centre, Oldham has both wide-open green spaces and dense urban areas, and affluent neighbourhoods as well as many with high levels of poverty. According to the English Indices of Deprivation 2019 (IMD2019), Oldham has seen a recent increase in the proportion of neighbourhoods ranked amongst the most deprived nationally. The strong links between deprivation, morbidity, and mortality, mean that our high levels of deprivation are having a significant impact on health outcomes and on average, our population has poorer health than the overall population of England¹. However, Oldham is a young, vibrant, and diverse borough, with almost a quarter of the population belonging to ethnic groups such as Asian/Asian British Pakistani, Asian/Asian British Bangladeshi and White Central/Eastern European.

The Health and Wellbeing Board creates, approves, and oversees the Health and Wellbeing Strategy. This details our key priorities for improving the health and wellbeing of residents in Oldham over the coming eight years (2022-2030). Priorities were set using information we have gathered on local health need along with feedback from residents. The strategy does not represent the extent of our commitment to health and wellbeing or all the work on health and wellbeing taking place in the borough, but focuses on some of the issues which make the greatest contribution, and those where we think that by working together, we can have the biggest impact in the shortest amount of time. High level objectives are outlined with the intention that actions to achieve these are embedded within other strategies, action and service plans developed and owned by the organisations which make up the Board's membership. The Board includes representatives of the Council and the NHS, and of other local services which impact the health and wellbeing of residents including the police, housing, and the leisure and voluntary sectors.

Together, the Health and Wellbeing Strategy and the Health Inequalities Plan inform the work to be delivered by Oldham's Health and Wellbeing Board and should also be considered alongside the wider plan for the borough: The Oldham Plan: Our Future Oldham².

2. Our vision

Oldham residents are happier and healthier; they feel safe, supported and they thrive in this vibrant and diverse borough.

3. Our ambition

People lead longer, healthier, and happier lives, and the gap in health outcomes between different groups and communities in Oldham, and between Oldham and England, is reduced. A demonstrable difference will be made to the average life expectancy and average healthy life expectancy of residents, and inequalities will be reduced.

4. Our principles

We are resident-focussed, this means we are:

- Having a two-way conversation with residents about their health and wellbeing, making sure residents feel heard and that we respond to their needs in ways that can be understood by all
- Building trust and strengthening relationships with residents through kindness and compassion
- Engaging with communities to co-produce solutions and co-design services
- Providing support and care which is as close to, and as connected with, home and community as possible

We have a well-managed health and care system:

- Which provides good quality, safe services, and we use resident feedback to continually improve
- With services which are easy to access, and transition between different services is seamless; digital solutions are embraced where appropriate
- Which uses data, intelligence, and insight to plan services and improve the coordination of care
- Ensuring best value for the Oldham pound and maximising the wider social, economic, and environmental benefits of public spending

We are champions of equality; we will:

- Striving to reduce inequalities, offering more to those who face the greatest disadvantage or experience the worse outcomes
- Recognising diversity and delivering culturally competent services
- Developing a workforce which represents the community
- Focussing equally on mental health and emotional wellbeing, and physical health

We prioritise prevention by:

- Promoting wellbeing and prevention of ill-health for residents in all life-stages
- Providing residents with easy access to the information and support that need to stay well, healthy and be independent
- Taking a whole-system view for each of our residents, taking account of wider determinants and past experiences to provide the most appropriate and effective care
- Recognising the importance of voluntary, community and faith organisations in improving health and wellbeing, and making the most of existing community assets and insight

5. Our priorities

The average number of years Oldham residents might expect to live (life expectancy) is more than two years less than the national average, and people living in the most deprived areas are likely to die more than seven years earlier than people from the most affluent areas. We will support residents to live longer, healthier lives through each stage of the life-course, from before birth through to the end of life. Oldham's Health and Wellbeing Board considered local health and wellbeing need alongside the resident voice to identify several areas which should receive focused attention and action over the coming years. The following priorities were selected to ensure we achieve the biggest benefit for our residents both in the short term and into the future. Specific goals have been set to show how we aim to achieve our overall ambition, and targets have been established to help us measure progress along the way.

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Supporting our residents to gain the knowledge and skills to confidently make choices and participate in decisions about their own health

What does this mean and who does it affect?

Feedback from residents tells us that the range of services and support available across the health and care system can sometimes be difficult to understand, and that “poor communication (either relating to person’s own health and care needs or a family member) has caused them additional distress”³. The opportunity to learn about health and the health and care system, and engage in conversations about health, is disproportionately denied from the most disadvantaged and marginalised communities, and this leads to inequalities in wider health conditions.

What are we doing already?

In July 2022, Oldham’s Health Protection Team worked with a School Health Advisor, the School Nurse Immunisation Team, and the Oldham Youth Council to help young people to prepare for receiving the HPV vaccine at school. A short presentation was created to outline the plan for giving the vaccine, the benefits and side effects, the consent process, and where people could go for answers to any questions. Young people felt more informed and involved, parents were prompted to give consent, and a dedicated HPV lesson was delivered in one school. The approach will be used in other schools and for other vaccines in future.

What are our goals?

We will raise self-esteem and empower residents to make positive choices about their own health, by:

- Developing a common framework for engagement which can be used by all organisations and services, and providing the opportunity for residents to shape the offer to better suit them and their family
- Adopting a resident-focused approach to communication, ensuring residents feel listened to, language and communication is tailored to need, and steps are taken to ensure messaging has been understood
- Supporting established peer and patient support groups to grow and continue to improve their reach
- Building a local approach to communication using the Health Foundation ‘How to talk about the building blocks of health’ toolkit⁴

How will we know if our goals have been achieved?

Supporting our residents to gain the knowledge and skills to confidently make choices and participate in decisions about their own health will underpin improvement against all the measures included in this strategy.

If our goals are achieved we will see improvements in life expectancy overall and reductions in inequalities in life expectancy.

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Giving children the best start in life

What does this mean and who does it affect?

When compared with England as a whole, almost double the percentage of children under 16 years in Oldham are from low-income families (relative measure; Oldham: 36.2%; England: 18.5%). More babies in Oldham die before their first birthday than the national average (rate per 100,000 livebirths, Oldham: 6.2; England: 3.9) and this is associated with high levels of deprivation. The rate of death in childhood is also higher (16.5 versus 10.3 per 100,000), fewer new mums breastfeed (first-feed: 49.1% versus 67.4%), more children have dental decay (43.2% versus 23.4%), and fewer children start school ready to learn. Experiences in pregnancy and early childhood shape our health and wellbeing for the rest of our lives.

What are we doing already?

So far, the Oldham Community Genetics Outreach Project has worked with almost 60 families to increase the uptake of genetic screening and diagnostic services, and provide emotional and practical support to ensure that they fully understand their child's condition and care needs. They also coordinate referrals to specialist services for aids and adaptations, and arrange social work assessment to enable families to have access to support packages in the home. The project also holds sessions to raise awareness about the increased genetic risks associated with close relative marriage at community events, mosques and other local venues.

The Home-Start Infant Feeding Team provides information and one-to-one support to families breastfeeding or chestfeeding, for as long as they need it. They also host weekly Infant Feeding groups in community venues, where parents can come together in a friendly group environment to receive advice from trained peer supporters.

What are our goals?

We will lay the foundations for a healthy life by improving health during pregnancy and throughout childhood and adolescence, with an initial focus on reducing infant mortality. We will do this by:

- Implementing a targeted action plan to reduce infant mortality across the borough
- Providing family-focused, coordinated support in our communities to all families, and additional targeted support for those who need it
- Improving communication about what is needed to have a healthy pregnancy, from pre-conception until birth

- Normalising breastfeeding, encouraging more women to start, and supporting women to continue
- Increasing the proportion of children who start school ready to learn
- Becoming a UNICEF UK Baby Friendly borough⁵
- Reducing teenage conception

How will we know if our goals have been achieved?

Infant mortality will decrease so that the rate in Oldham is the same as for England as a whole (the gap was 2.3% in 2018-20)

Oldham will have the same percentage of children achieve a good level of development at the end of reception as in England as a whole (the difference between Oldham and England was 3.7% in 2018/19)

The under 18s conception rate will decrease to the England rate (the rate per 1000 was 25 in Oldham in 2020, compared with 13 in England)

Improving mental wellbeing and mental health

What does this mean and who does it affect?

Poor mental wellbeing and mental ill-health can affect people of any age. The Greater Manchester BeeWell survey found that some children and young people in Oldham neighbourhoods experience poor mental wellbeing and have low self-esteem. Through our COVID-19 doorstep engagement work, many of our residents also told us that they felt lonely and isolated. More people in Oldham report low happiness (11.3%, compared with 9.2% in England), and high anxiety (24.7% compared with 24.2%), and the percentage of adults in Oldham with a common mental disorder is estimated to be greater than the England average (19.2%, 16.9% respectively).

What are we doing already?

Sixteen projects were delivered as part of the Better Mental Health Fund. Through these projects, almost 300 staff and volunteers who work across the health and social care, community, education, and volunteer sectors were trained in approaches to supporting the mental health of Oldham residents.

As part of the Oldham Community Mental Health Team transformation and Living Well models, a rolling “5 ways to well-being” program has been run from our older people’s mental health day hospital, Orchard House. This helps people to prepare for discharge from secondary care services through therapeutic groups and 1-1 work, and almost 50 people had benefitted by July 2022.

A physical health trainer has also been recruited to work with adults with learning disabilities who need support to get out into the community, and take physical activity to those people who have lost confidence in leaving their home after lockdown. Group activities were developed to help service users to make friends and social contacts.

What are our goals?

We’ll support **all** our residents by:

- Supporting community networks, organisations and services to continue to grow, and helping them to offer more of the support and services our residents need

- Promoting the use of a shared language across all organisations, and reducing stigma for all communities
- Establishing clear routes to accessing support and care for all communities, and ensuring everyone in Oldham has easy, safe access to trusted support nearby

We'll help our children and young people to **start well**, by:

- Providing support for the education workforce to ensure they are equipped and confident to meet their emotional health and wellbeing needs
- Providing a universal, holistic offer of support for all pupils and staff in schools and colleges
- Working in collaboration with key stakeholders to ensure a consistent approach to mental health in all schools

We'll help our working-age residents to **live well**, by:

- Educating and empowering the workforce to talk about mental health and mental wellbeing, so that help can be offered as early as possible
- Reducing the harm caused by alcohol and substance misuse, to both the individual and the family
- Improving the physical wellbeing of people with severe and enduring mental ill-health, and reducing inequalities in health outcomes
- Improving the physical wellbeing of people with learning disabilities, and reducing inequalities in health outcomes

And we'll help our older people to **age well**, by:

- Reducing social isolation by providing more opportunities for residents to gain a sense of connection with their community
- Raising awareness of ways to prevent dementia, and promoting the adoption of dementia friendly principles in service provision

Alongside efforts to improve mental wellbeing and mental health, we are also working to prevent self-harm and reduce the number of deaths by suicide; we recognise possible causes may be related but are not limited to mental health and the Oldham approach to tackling these issues has been outlined in a dedicated strategy.

How will we know if our goals have been achieved?

The percentage of people reporting high levels of anxiety will be smaller than the England average (this affected 24.7% of people in Oldham, and 24.2% in England as a whole in 2020/21)

The percentage of people who feel lonely will be significantly smaller than the national average (19.5% of people in Oldham reported loneliness in 2019/20, and 22.3% in England)

The number of drug treatment places available will increase by 20%

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Reducing smoking

What does this mean and who does it affect?

More than 18% of Oldham residents are current smokers, which is greater than the proportion across England as a whole (15.9%); the proportion of the Oldham population who have never smoked is also smaller than the national average. Significantly more pregnant women were current smokers at the time of delivery (Oldham: 11%, England: 9.6%), and the consequences are far reaching. Smoking continues to be the single biggest cause of premature death in Oldham, and rates are highest in areas with deprivation.

What are we doing already?

Your Health Oldham provides a range of services to support people to stop smoking with flexible times and venues, easy access to stop smoking medication and nicotine replacement therapy, one-to-one appointments and telephone support.

Partners are working together to deliver the Oldham Tobacco Control Action Plan, for example Greater Manchester Fire and Rescue Service and housing providers are working together to promote smokefree homes.

What are our goals?

For **all** our residents, we will strive towards a smoke-free Oldham. We'll do this by:

- Embedding tobacco control policy in all relevant public policies to promote the health of Oldham residents and staff and tackle smoking-related health inequalities
- Promoting smokefree homes and community spaces
- Ensuring that communications about smoking, vaping, and use of niche products are tailored to reach groups with higher use rates. These will combine information on the harms with hopeful messages on the benefits of quitting, where to access support, and which quitting aids are most effective
- Making available to everyone who smokes, high quality, evidence-based specialist stop-smoking services including access to alternative products to support people to quit smoking successfully

We'll help our children and young people to **start well**, by:

- Reduce the uptake of smoking and vaping in young people, and help existing young smokers to quit
- Enforcing legislation on underage sales of tobacco and vaping products, and tackling the distribution of illicit tobacco
- Providing targeted support during pregnancy to reduce smoking and exposure to second hand smoke

We'll help our working-age residents to **live well**, by:

- Promoting to employers the benefits of encouraging their workforce to stop smoking

And we'll help our older people to **age well**, by:

- Producing targeted communications for older people about the benefits of reducing and stopping smoking
- Providing targeted support for older people to stop smoking

How will we know if our goals have been achieved?

Oldham will have the same percentage of people currently smoking as in England as a whole (in 2019, 19% of Oldham adults were current smokers, compared with 13% in England):

The proportion of mothers smoking at the time of delivery will reduce to the England average (in 2021/22, the gap was 1.6%)

The gap in the percentage of adults who have never smoked, between Oldham and England as a whole, will narrow (in 2021, the gap was 6%)

Increasing physical activity

What does this mean and who does it affect?

Compared with England as a whole, the population of Oldham is less physically active (60% in Oldham adults versus 66% of adults across England; 31% of children and young people in Oldham versus 45% in England) and carries more excess weight (41% of Oldham children in Year 6 versus 35% in England, and 70% of adults in Oldham compared with 64%). According to the 2019/20 Sport England Active Lives survey, a quarter of inactive people reported doing 'nothing' and this proportion has increased by more than 10% in the last five years. The same survey also found that less than half of young people in Oldham achieve the recommended 60 minutes of activity per day, and 31% are active for less than 30 minutes per day on average. Physical inactivity is associated with heart disease, stroke and diabetes, and even a small increase in activity levels can have a substantial impact on physical and mental wellbeing⁷.

What are we doing already?

In May 2021, community pharmacies in Glodwick and Failsworth started to offer weekly group walks to encourage residents to increase their physical activity. These are promoted by pharmacists as part of a wider programme of self-care, and supported by trusted community groups. Pharmacists also take the opportunity to engage with the community and understand their health concerns while also promoting other health campaigns like flu vaccines. Over 20 people regularly join the walk in Failsworth each week, and find additional benefits from the opportunity to socialise. Members of the group have completed emergency first aid training and now volunteer to lead walks.

Four ladies-only Learn to Ride cycle sessions took place in June and July 2022 in response to interest from the community. Local community groups helped to plan and promote the sessions, and more than 30 women attended. Transport for Greater Manchester recognised the success of working with community partners in Oldham and are keen to continue to develop new approaches to delivery of Learn to Ride sessions in Oldham.

What are our goals?

We will support **all** residents to build movement into their everyday lives by:

- Supporting voluntary, community and faith organisations to be able to provide services and work with their communities to increase physical activity
- Improving communication with both residents and businesses to embed the message that any movement matters, for people of all abilities

- Promoting the use of improved foot and cycle paths, and communicating upcoming developments for Oldham planned through The Bee Network
- Celebrating and championing positive examples of Moving More through the #Oldham #MoveMoreFeelBetter social media campaign
- Widening access and participation in physical activity, sport and active travel, providing more inclusive options of ways to be active every day, and closing the inequalities gap in activity levels
- Taking a strength based community approach to improving physical activity and moving more through the Local Pilot principles and place-based working

Maintaining and creating safe green spaces and other high quality activity spaces to increase confidence & access to opportunities to be active We'll help our children, young people, and their families to **start well**, by:

- Raising awareness of initiatives such as The Daily Mile and Oldham's 50 Things To Do Before You're Five
- Maintaining and promoting the Young Persons membership offer from Oldham Active

We'll help our working-age residents to **live well**, by:

- Working collaboratively across Greater Manchester to improve Oldham's active travel infrastructure and help residents move more in everyday life

And we'll help our older people to **age well**, by:

- Continuing to use local knowledge to tailor the physical activity offer and ensure residents feel safe and secure

How will we know if our goals have been achieved?

Oldham will have the same percentage of physically active adults as England as a whole (the gap was 6.3% in 2022)

6. Evaluation and reporting

The overall aim for the Health and Wellbeing Strategy is to close the gap in life expectancy between Oldham and England as a whole. Progress will be measured using indicators referenced throughout from the Public Health Outcomes Framework, maintained by the Office for Health Improvement and Disparities (Table 1)⁸

Table 1: Public Health Outcomes Framework indicators for review of progress

	OHID Public Health Outcomes Framework: Indicators	OHID Public Health Outcomes Framework: Definitions
All residents	Healthy life expectancy at birth (Male)	A measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health
	Healthy life expectancy at birth (Female)	Average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health
	Life expectancy at birth (Male, 1 year range)	Average number of years a person would expect to live based on contemporary mortality rates
	Life expectancy at birth (Female, 1 year range)	Average number of years a person would expect to live based on contemporary mortality rates
	Life expectancy at birth (Male, 3 year range)	Average number of years a person would expect to live based on contemporary mortality rates
	Life expectancy at birth (Female, 3 year range)	Average number of years a person would expect to live based on contemporary mortality rates
Start well	Infant mortality rate	Infant deaths under 1 year of age per 1000 live births
	Smoking in early pregnancy	Percentage of pregnant women who smoke at the time of booking appointment with midwife (experimental)
	Smoking status at time of delivery	Number of mothers known to be smokers at the time of delivery as a percentage of all maternities with known smoking status
	Baby's first feed breastmilk	Percentage of babies whose first feed is breastmilk
	Breastfeeding prevalence at 6-8 weeks after birth	Percentage of infants that are exclusively or partially breastfed at age 6-8 weeks

	Child development: percentage of children achieving a good level of development at 2-2½ years	Percentage of children who received a 2-2½ year review who were at or above the expected level in the in all five Ages and Stages Questionnaire-3 (ASQ-3) domains
	School readiness: percentage of children achieving a good level of development at the end of Reception	Children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children
	Reception: Prevalence of overweight (including obesity)	Proportion of children aged 4-5 years classified as overweight or obese according to their BMI score
	Year 6: Prevalence of overweight (including obesity)	Proportion of children aged 10-11 classified as overweight or obese according to their BMI score
	Percentage of physically active children and young people	Percentage of children aged 5-16 that meet the UK Chief Medical Officers' (CMOs') recommendations for physical activity (an average of at least 60 minutes moderate-vigorous intensity activity per day across the week)
	A&E attendances (0-4 years)	A&E attendance rate per 1,000 population aged 0-4 years
	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	Crude rate of hospital admissions caused by unintentional and deliberate injuries in children aged under 5 years per 10,000 resident population aged under 5 years
Live well	Smoking prevalence in adults (18+) – current smokers (APS)	Prevalence of smoking among persons 18 years and over. Annual Population Survey (APS); Office for National Statistics (ONS).
	Percentage of physically active adults	Number of Active Lives Adult Survey respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 moderate intensity (MIE) minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days
	Percentage of physically inactive adults	Number of Active Lives Adult Survey respondents aged 19 and over, with valid responses to questions on physical activity, doing less than 30 equivalent MIE minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 19 and over
	Estimated prevalence of common mental disorders: % of population aged 16 & over	The estimated proportion of the population aged 16 & over who have a common mental disorder (CMD), where CMD is defined as any type of depression or anxiety.

	Percentage of adults who feel lonely often or always or some of the time	The percentage of adults (aged 16 and over) that responded to the question "How often do you feel lonely?" with "Always or often" or "Some of the time". Active Lives Adult Survey, Sport England.
	Self-reported wellbeing - people with a high anxiety score (APS)	Percentage of respondents scoring 6-10 to the question "Overall, how anxious did you feel yesterday?". Annual Population Survey (APS); Office for National Statistics (ONS).
	Waiting < 6 weeks for IAPT treatment	Percentage of IAPT referrals that have finished course of treatment waiting <6 weeks for first treatment
	Admission episodes for alcohol-related conditions (Broad)	A measure of hospital admissions where either the primary diagnosis (main reason for admission) or one of the secondary (contributory) diagnoses is an alcohol-related condition
	Hospital admissions due to substance misuse (15-24 years)	Directly standardised rate of hospital admission for substance misuse, per 100,000 population aged 15-24 years
	Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check	The rolling 5-year cumulative percentage of the eligible population aged 40-74 who received an NHS Health check
Age well	Emergency hospital admissions due to falls in people aged 65 and over	Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age standardised rate per 100,000
	Estimated dementia diagnosis rate (aged 65 and over)	The rate of persons aged 65 and over with a recorded diagnosis of dementia per person estimated to have dementia given the characteristics of the population and the age and sex specific prevalence rates of the Cognitive Function and Ageing Study II, expressed as a percentage with 95% confidence intervals
	Social Isolation: percentage of adult carers who have as much social contact as they would like (65+ yrs)	The percentage of respondents to the Personal Social Services Survey of Adult Carers in England who responded to the question "Thinking about how much contact you have had with people you like, which of the following best describes your social situation?" with the answer "I have as much social contact I want with people I like".
	Social Isolation: percentage of adult social care users who have as much social contact as they would like (65+ yrs)	The percentage of respondents to the Adult Social Care Survey (service users) who responded to the question "Thinking about how much contact you've had with people you like, which of the following statements best describes your social

	situation?" with the answer "I have as much social contact as I want with people I like"
Life expectancy at 65 (Male, 1 year range)	An estimate of the average number of years at age 65 a person would survive if he or she experienced the age-specific mortality rates for that area and time-period throughout his or her life after that age
Life expectancy at 65 (Female, 1 year range)	An estimate of the average number of years at age 65 a person would survive if he or she experienced the age-specific mortality rates for that area and time-period throughout his or her life after that age

7. References

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